

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

10 539666 6-14-05

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	1	↓		↓		↓
TOTAL DEP.	10	←	←	←		
TOTAL CLAIMS	11	████████	████████	████████	████████	████████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			↓		↓	
TOTAL DEP.		←	←	←		
TOTAL CLAIMS		████████	████████	████████	████████	████████